

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Submit Monthly

NAME **Manke Lumber Company, Inc.**
ADDRESS **13702 8th Street East
Sumner, WA 98390**
COUNTY **Pierce**
FACILITY **Superior Wood Treating**
LOCATION

WA0040339
PERMIT NUMBER

001
DISCHARGE NUMBER

NOTE: Read instructions
before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
		01	FROM	TO		

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS			
Flow	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		Report	gpd					n/a	01/30	Estimate
Oil & Grease	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						10	mg/L	0	01/30	Grab
TSS	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						50	mg/L	0	01/30	Grab
Ammonia	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/30	Grab
Arsenic, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						309	µg/L	n/a	01/30	Grab
pH	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				6		9	s.u.	0	01/30	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

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PARAMETER		QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MAXIMUM DAILY INTERIM LIMIT 12/1/04-6/29/09	MAXIMUM DAILY FINAL LIMIT 6/30/2009	UNITS			
Chromium, Total	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT	210	210	µg/L	0	01/30	Grab
Copper, Total	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT	238	46	µg/L	0	01/30	Grab
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
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